

# St. Charles CUSD #303

## Employee Authorization for Payroll Deduction to Health Savings Account

### SECTION 1 | Deduction Beginning or Change

I wish to:

**Begin my deduction**     **Change my deduction**     **Stop my deduction**    **Effective Date:**

*Benefits Coordinator will confirm the effective date.*

### SECTION 2 | Employee Information

|            |      |           |                |                        |              |
|------------|------|-----------|----------------|------------------------|--------------|
| First Name | M.I. | Last Name | Date of Birth* | Social Security Number | Phone Number |
| Address    |      |           |                | City                   | State<br>Zip |

### SECTION 3 | Calculate Your Annual Contribution to Your HSA

|  | Select your enrollment status  |  |
|--|--|--|
|  | Individual <input type="checkbox"/>                                    | Family (2 or more) <input type="checkbox"/>                            |
| The most you can contribute for 2018 (per IRS regulations, including employee and employer contributions*) | \$3,450  | \$6,850  |
| How much your employer will contribute for 2018 (annual amounts shown, prorated monthly for new hires)     | \$500  | \$1,000  |
| The maximum that you can deposit annually in addition to the employer contribution                         | \$2,950  | \$5,850  |
| <b>Write in the total amount that you want withheld from your pay for 2018 **</b>                          | <i>(cannot exceed \$2,950 under age 55 or \$3,950 age 55 and over)</i> | <i>(cannot exceed \$5,850 under age 55 or \$6,850 age 55 and over)</i> |

\* If you are age 55 or older, you can make an additional "catch-up contribution" of \$1,000 annually.  
\*\* Note: You risk paying IRS tax penalties if you exceed the allowed annual contribution. Be sure to consider any amounts you have already contributed if this is a mid-year election/change or if you a mid-year change in eligibility.

### SECTION 4 | Per-Paycheck Contribution to Your HSA (must correspond to the annual amount in Section 3)

I elect to contribute \$\_\_\_\_\_ per paycheck to my Health Savings Account. This request replaces any previous HSA payroll deduction requests.

### SECTION 7 | Authorization (required)

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 4 above and agree to the preceding terms. I understand that there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed these limits.

Employee Signature

Print Name \_\_\_\_\_ Date \_\_\_\_\_

| Benefits Coordinator Use       |  |   |
|--------------------------------|--|---|
| Employee's Annual Contribution | Number of Paychecks Remaining for 2018 | Employee's Contribution Per Paycheck<br><i>(must match amount in Section 4)</i> |

Sections 1-7 are required. Please check to be sure you completed all sections. Return this form to Alexia Montavon, Benefits Coordinator. Keep a copy for your records.